

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594129

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3			4				
4							
5							
6							
7			2				
8			2				
9			2				
10			2				
11			1				
12			3				
13			2				
14			2				
15			1				
16			1				
17			1				
18			1				
19			1				
20			3				
21			3				
22			1				
23			1				
24			6				
25			1				
26			1				
27			1				
28			2				
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49							
50							
TOTAL IND.			4				
TOTAL DEP.			41				
TOTAL CLAIMS			45				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							